2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Jun 03, 2004 8:00 am
Secretary of State

04-29-2004 90074 034 ****55.00

DOCUMENT # L03000028632

1. Entity Name

DGRAPHICSS2DO, LLC

Principal Place of Business	Mailing Address
1147 GRAHAM DR. BRANDON FL 33511	1147 GRAHAM DR. BRANDON FL 33511

34008006

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
10071 E. Adamo Dr.	10071 E. Adamo Dr.
Suite, Apt. #, etc:	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Tampa, Fl
Zip: 33619 Country: U.S.	Zip: 33619 Country: U.S

4. FEI Number: 20-0138154 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name: Jose Victoria Street Address (P.O. Box Number is Not Acceptable): 10071 E Adamo Dr City: Tampa FL Zip Code: 33619

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Jose Victoria 10071 E Adamo Dr Tampa FL 33619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. *I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.*

SIGNATURE: Jose [signature] 4/22/04 813-681-8477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #